

and create similar means of involvement of civil society in settings where they hold a privileged position to do so.

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Students for global oncology: Building a movement for student education and engagement in an emerging field

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Program/Project Purpose: Increased recognition of the global cancer burden and inequalities in care and outcomes have led to the growing field of global oncology, focused on strengthening health systems to improve cancer prevention and care. Motivated students and trainees are in need of pathways to approach these challenges. In 2012, Harvard Medical students formed Students for Global Oncology (S4GO), an adjunct to the larger inter-professional organization Global Oncology. The group had three aims: 1) connect students with mentors in the field, 2) develop novel approaches in global oncology, and 3) disseminate global oncology knowledge.

Structure/Method/Design: S4GO has created content and organized events to increase awareness about the global cancer burden, while promoting trainee opportunities in research and practical hands-on projects. Engagement was enhanced by mentorship from more senior students and faculty, to interface with existing global oncology projects.

Outcomes & Evaluation: Since 2012, S4GO has grown from two to 68 students. Currently, new chapters at seven other institutions in the US and Canada are being developed. As of October 2014, S4GO has developed a case-based cancer care delivery curriculum with six case-based seminars, along with numerous blog entries and interviews of leading researchers in the field of global oncology, all available on the S4GO website. Students have completed projects in over nine countries and are actively involved in technological and on-the-ground efforts to develop creative solutions and collaborations aimed at easing the global cancer burden. Held in February 2014, the inaugural student-led global oncology symposium involved 200 individuals from across the world, including leaders in global health, pharmaceutical industry, public policy and cancer care. This symposium has been viewed by hundreds online and has fostered novel collaborations and projects focused on enhancing cancer care delivery.

Going Forward: In the coming years, S4GO will continue efforts to build awareness and catalyze creative solutions for cancer care in resource-limited settings. These efforts will increase exposure for

novel and successful student efforts as well as intra-institutional and intra-professional activity.

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Competency-based continuing education for nurses in Lesotho

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Program/Project Purpose: Lesotho suffers from both a heavy burden of infectious disease and poor human resources for health. Lesotho has the third highest HIV prevalence rate (23.3%) and fifth highest tuberculosis incidence rate worldwide. As a result, life expectancy at birth has fallen to 48 years for the Basotho population. District hospitals are staffed by limited numbers of physicians, and health centers are completely staffed and run by nurses. Nurses account for 90% of all personnel providing health services in the country. The Lesotho-Boston Health Alliance (LeBoHA), operating through Boston University, has partnered with the IZUMI Foundation since 2009 to support and strengthen the clinical skills of Lesotho's nurses.

Structure/Method/Design: During the first phase (2009-2012), our team established a competency-based continuing education training program for nurses in the Leribe district of Lesotho. The pilot project created a competency-based curriculum and implemented a cascade-training model that trained nurse participants in four primary health center sites. The nurses from the four primary health center sites then trained nurse participants from four secondary health center sites for a total of eight participating health centers. A nurse from the Motebang District Hospital outpatient department was included in the training, linking health center-based care to the district hospital. Our second phase of the project (2012-2014) expanded the program to eight additional health centers in the Leribe district, for a total of 16 centers. One nurse was trained at each of the eight expansion health centers, and follow-up mentorship visits were continuously made to the original eight health centers from the first phase. Both phases of training established a system for the continuing education of community-based nurses which has been recognized and supported by the Ministry of Health.

Outcomes & Evaluation: Our competency-based program was approved by the government for continuing professional development (CPD) credit, allowing nurses in our program to obtain CPD points necessary for re-licensure, making our program the first formal CPD-approved continuing education program for health professionals in the country. In addition, we also saw an improvement in nurses' clinical knowledge and confidence, improvement in nurses' clinical documentation, and strengthened clinical mentoring for nurses. These changes were measured through pre and post knowledge assessments, self-reported nurse confidence surveys, review of patient records, and a mentoring survey.

Going Forward: In partnership with the Lesotho Nursing Council and the Nursing Directorate in the Ministry of Health, we plan to expand the program to additional clinics as well as focus on improving nurses' maternal health clinical skills with the goal of increasing the percent of safe deliveries performed at a health center.

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Building the ISRPM disaster acute rehabilitation team program

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Program/Project Purpose: Rehabilitation response following a natural disaster has been progressively documented as an essential strategy for recovery and relief. In order to respond quickly, rehabilitation professionals, policy makers, relief volunteers and health officials need adequate training. The International Society for Physical and Rehabilitation Medicine arranged a directive to improve rehabilitation after disasters by creating a training program built off of the first hand documentation of past disasters around the world.

Structure/Method/Design: After putting together a preliminary online framework for the Disaster Acute Rehabilitation Team curriculum, three University of Michigan students travelled to China, Chile and Taiwan individually to conduct interviews with disaster victims, doctors, health officials, nurses, volunteers and hospital administration in post-disaster areas to assess their personal post-disaster rehabilitation experiences. Dozens of interviews were conducted and over 20 hours of video and over 2,000 photographs were collected. The student/physician team consolidated this information in the form of training videos for rehabilitation physicians, online quizzes, tutorials, disaster photography, and realistic disaster scenarios. We organized all of this information into a framework for initial trials as a PowerPoint presentation.

Outcomes & Evaluation: The framework for the core curriculum consists of 3 modules: a module for training rehabilitation professionals who will respond immediately to a natural disaster, another module for training rehabilitation professionals who will be team leaders and a third for rehabilitation professionals who will coordinate with national emergency planning organizations and NGO's. All of the modules have been successfully completed and edited by international disaster experts from the International Society for Physical Medicine and Rehabilitation. The next step consists of making the modules internet friendly and inviting physicians to become trained in disaster rehabilitation.

Going Forward: It is imperative that the rehabilitation response be rapid and efficient to improve survival rate following natural disaster. The DART curriculum provides a method for rehabilitation professionals who are involved in disaster work to plan and respond more effectively. The first-hand experience gained through interviews with rehabilitation professionals and tours of the disaster sites allowed for the production of a core curriculum and the preemptive planning for acute rehabilitation response during a natural disaster. The next challenges includes finalizing our curriculum into website format and recruiting rehabilitation physicians from around the world to become trained in Natural Disaster Response.

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Community health workers understanding and attitudes regarding intimate partner violence in the dominican republic

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Background: Intimate partner violence (IPV) is prevalent in Latin America and is a leading cause of death for women. A population survey of Latin American and Caribbean countries reveals that 17-53% of women in the region have experienced physical or sexual violence by an intimate partner, and many women do not seek help or report abuse. Health care providers may not have the knowledge or education regarding IPV to be a resource for affected women. Our objective is to explore the understanding and attitudes surrounding IPV among community health workers (cooperadores) in the Dominican Republic.

Methods: Five focus groups were conducted, totaling thirty-five cooperadoras, representing 9 regions in the Dominican Republic and 110 distinct rural communities. Focus groups included both male and female adult participants. Only community health workers were included. They were verbally consented for participation in survey research. Privacy was protected in that no private or protected health information was collected. To protect confidentiality, participants were asked to refrain from discussing responses outside of focus group. Nine open-ended questions were asked regarding domestic violence within their communities, including knowledge of and attitudes toward IPV in the community, understanding of causes and available resources, and the relationship between healthcare and affected women. Answers were recorded in order to obtain general and common themes as well as assess for concordant information.

Findings: Five common themes emerged from these focus groups. Cooperadores consistently believed IPV was a social issue, not a medical concern. They often stated that women were at fault and felt that conflict between partners was due to poor communication. They agreed that IPV was prevalent and that death was frequently an outcome. There also was a lack of understanding of appropriate resources for affected women. Ultimately, the community health workers largely did not feel they could or knew how to help affected women and do not currently serve as a resource to women affected by intimate partner violence.

Interpretation: Community health workers in the Dominican Republic could be a potential resource for women affected by IPV, but currently do not view themselves as such, as they have limited knowledge of the issue and how it should be addressed. Limitations of the study include self-selected participation and the possibility for recall and/or cultural biases. Strengths are that this study offers insights into the beliefs of cooperadores in an area where little research has been done and will inform future research. Future public health outreach approaches include education for health care workers to identify and advocate for women, appropriately referral of women to resources, and discussions with community members themselves regarding management and prevention of intimate partner violence.

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Violence towards Tanzanians with albinism: A CHW program to improve awareness and prevent discrimination

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Program/Project Purpose: People with albinism (PWAs) in Tanzania face overwhelming health and social challenges including high susceptibility to skin cancer and widespread discrimination. Tanzanians with albinism have also become targets of violent outbreaks. This violence is fostered by superstitions including